

CLAIMS ONLY	Application Number 10/657495	Filing Date
	Applicant(s)	

10/657495

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CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4	/					
5	/					
6		/				
7	/					
8	/					
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48						
49						
50						
Total Indep	4					
Total Depend	2					
Total Claims	6					

* May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
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100						
Total Indep						
Total Depend						
Total Claims						